



2003-2004 SMALL ARTS ORGANIZATION GRANT APPLICATION

INSTRUCTIONS: Please read the program guidelines and application instructions thoroughly before completing this application. **Grant period:** September 1, 2003 to August 31, 2004. **Application deadline:** 5:00 p.m., March 15, 2003. (NOTE: If the deadline date falls on a weekend or a holiday, applications are due by 5:00 p.m. on the first workday following the deadline date.) Applications submitted after the deadline will *not* be considered.

Applications are available in paper and electronic form. (Check the DCDP website at www.cincygov.org/communitydevelopment for electronic versions of the program guidelines and application.) Use *only* the official application form. Maintain the margins provided. Complete the application using *computer-generated type (at least 12 point) or a typewriter. (NOTE: When using the electronic forms, if you type or cut and paste more text into a blank or a narrative section than the field is designed to hold, the size of the text will shrink.* If this happens, **STOP** and *adjust the amount of text so that it returns to the point size specified for that section of the form.*) Handwritten applications, incomplete applications, illegible applications, submissions on altered forms will *not* be considered. Attachments answering the questions asked on the form will be discarded. Submit the original application form to the Department of Community Development and Planning (DCDP). Keep a file copy.

Section One: Organization Data

Applicant Organization (Full Legal Name)		
Doing Business As		
Previous Name (if changed)		
Street Address		
City		
State		
Zip Code		
County		
Mailing Address (if different than street address)		
City		
State		
Zip Code		
E-mail		
Website		
Phone (including area code)		
Fax (including area code)		
IRS Name (as listed on 501(c)(3) letter)		
IRS Letter Date		
Tax Exempt ID Number (EIN)		
Executive Director		
Executive Director Phone and Extension		
Organization's Total Budgeted Expenses for Current Year		\$
Endowment Size		\$
Type of Organization and Date Established (check one and provide date founded as entity with ongoing activities)		
<input type="checkbox"/>	Arts/Cultural Organization	Date Organization Established
<input type="checkbox"/>	Non-Arts Organization with Arts Component/Program	Date Arts Component/Program Established

Organization's Affiliation and/ or Accreditation Body (check all that apply)			
	United Way		Chapter of National or Regional Organization (specify)
	Fine Arts Fund		
	Better Business Bureau		Other (specify)

Section One: Request Data

Program/Project Title	
Total Budget for This Program/Project	\$
Amount of This Request	\$
Proposal Contact Person Name	
Contact Person Title	
Contact Person Mailing Address: Street Address	
City	
State	
Zip Code	
Contact Person Phone (including area code)	
Contact Person Fax (including area code)	
Contact Person E-mail	
Community Served by This Program/Project	
Brief Demographic Description of Population Served by This Program/Project (include age, sex, number of individuals/families to be served)	
Type of Request (check one)	
<input type="checkbox"/> Operating	<input type="checkbox"/> Project

Section One: Signatures

I certify that all information in this application is true and correct to the best of my knowledge.

_____ Signature of Authorized Representative	_____ Print/Type Name and Title	_____/_____/_____ Date
_____ Signature of Board President	_____ Print/Type Name and Title	_____/_____/_____ Date

INSTRUCTIONS: The narrative for Sections Two through Five should not exceed five pages. *Do not reformat, rearrange, delete, or add sections to the application.* Responses must be typed or computer generated, and single spaced. Use a minimum of 12-point type. (**NOTE: When using the electronic forms, if you type or cut and paste more text into a blank or a narrative section than the field is designed to hold, the size of the text will shrink.** If this happens, **STOP** and **adjust the amount of text so that it returns to the point size specified for that section of the form.**) All sections and questions must be answered in the order provided on the City application form. Use headings for each section and no less than a 1/2-inch margin for the entire document. Do not submit double-sided pages. All parts and pages of the application including required supporting materials must be submitted together. *The application must be **received** by DCDP, 805 Central Avenue, Suite 700, Cincinnati, Ohio 45202 no later than 5:00 p.m. on March 15, 2003.*

Section Two: Profile of Organization

- 1) Brief summary of organization's history
 - 2) Brief statement of organization's vision/mission
 - 3) Brief description of organization's current program(s)/project(s) and activities
 - 4) Description of the population and geographic region served by this organization (if different than the program/project's as described in Section One)
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Section Three: Statement of Need

- 1) Statement of need the program/project is attempting to meet and evidence of that need
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Section Four: Program/Project Description and Methodology

IMPORTANT: Review this funder's program guidelines and restrictions before responding to this section.

- 1) Description of program/project, including:
 - a) Summary description of overall program/project and activities to be funded under this grant
 - b) Brief description of how you propose to use the grant funds
 - c) Goals/objectives
 - d) Timetable for implementation
 - e) Duration of program/project
 - f) Evidence of use of best practices (For example, is the program/project based on another program/project that has been shown to be effective in other settings? Is it based on national standards? etc.)
 - 2) Will the organization collaborate with other organizations for this particular program/project? (If so, with what organization(s) and how?)
 - 3) Why is your organization qualified and appropriate to address this need or benefit?
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Section Five: Evaluation

- 1) What are the measurable short-term, intermediate and/or long-term outcomes of this program/project?
- 2) What measurable outcomes will be achieved during this grant period?
- 3) How will outcomes be measured?
- 4) How will the people served be involved in the program/project evaluation?
- 5) How will the results be used and disseminated?
- 6) If this is an existing ongoing program/project, summarize past qualitative and quantitative outcomes.

Section Six: Public Presentation

At least one public presentation of an arts/cultural program or service is required to take place at a site within the limits of the city of Cincinnati during the grant period (see guidelines). When and where will the proposed project or activities take place?

Type of Activity	Date (Mo/Day/Yr)	Presentation Location (Place, Address, Neighborhood)	Contact and Phone at Presentation Location	Type of Documentation Submitted (See Guidelines)

Section Seven: Promotion

How will you promote your project/activities and public presentation(s) to the targeted audience(s)?

Section Eight: Budget

1) Applicant Organization Operating Budget

Provide information on your organization's operating budget. Include cash resources *only*; *exclude* in-kind resources.

- a) Organization's fiscal year (FY): _____ (mo/day) to _____ (mo/day)
- b) Total organization budget, current FY: \$ _____
- c) City arts grant request as percentage of current FY budget: _____ %
- d) Total organization budget, next FY: \$ _____
- e) City arts grant request as percentage of next FY budget: _____ %

2) Operating Budget: Arts Component of Non-Arts Organization

Complete this section *only* if you are a non-arts organization with an established arts component/program. Include cash resources *only*; *exclude* in-kind resources. *You must also complete Section Eight, Question 1, above.*

- a) Arts component's fiscal year (FY): _____ (mo/day) to _____ (mo/day)
- b) Total arts component budget, current FY: \$ _____
- c) City arts grant request as percentage of current FY arts component budget: _____ %
- d) Total arts component budget, next FY: \$ _____
- e) City arts grant request as percentage of next FY arts component budget: _____ %

3) Detailed City Arts Grant Request

Provide detailed information on the expenses you propose to pay in part or in full with City grant funds. The maximum request is \$7,500. **Grant writing tip:** Earmark the City portion of the budget for larger dollar amount expenses in a limited number of expense categories. This will simplify record keeping and reporting if your application is funded.

Expense Category	City Arts Grant Request
Personnel (specify paid staff positions)	\$ _____
Outside Professional Services (specify type of service)	_____
Space Rental (specify type)	_____
Local Travel (mileage within Cincinnati; rate not to exceed current City mileage reimbursement rate)	_____
Marketing/Publicity/Promotion (specify type of expense)	_____
Equipment Rental	_____
Consumable Supplies	_____
Production/Exhibition Costs (specify type of expense)	_____
Utilities	_____
Telephone (excludes cell phones, beepers, long distance calls, and directory assistance)	_____
Liability Insurance	_____
Other (specify type of expense)	_____
Total	\$ _____

4) City Arts Grant Request and Total Budget

In Column A, list expenses you propose to pay in part or in full with City grant funds. *Take the information from Section Eight, Question 3, above.* The maximum request is \$7,500. Summarize the cash contributions and in-kind support for project/activity expenses in Columns B and C, respectively. Add columns A, B, and C, and provide total budget figures in Column D. If this is a request for operating support, the total budget figures (Column D) less the in-kind contributions (Column C) should equal your organization's total operating budget figures for the fiscal year in which the project/activities will be conducted. **Grant writing tip:** Earmark the City portion of the budget for larger dollar amount expenses in a limited number of expense categories. This will simplify record keeping and reporting if your application is funded.

Expense Category	City Arts Grant Request (A)	+	Applicant Cash Contribution (B)	+	In-Kind Contributions (C)	=	Total Budget (D)
Personnel	\$ _____		\$ _____		\$ _____		\$ _____
Outside Professional Services	_____		_____		_____		_____
Space Rental	_____		_____		_____		_____
Local Travel	_____		_____		_____		_____
Marketing/Publicity/Promotion	_____		_____		_____		_____
Equipment Rental	_____		_____		_____		_____
Consumable Supplies	_____		_____		_____		_____
Production/Exhibition Costs	_____		_____		_____		_____
Utilities	_____		_____		_____		_____
Telephone	_____		_____		_____		_____
Liability Insurance	_____		_____		_____		_____
Other (list) _____	_____		_____		_____		_____
_____	_____		_____		_____		_____
_____	_____		_____		_____		_____
Total	\$ _____ (A)	+	\$ _____ (B)	+	\$ _____ (C)	=	\$ _____ (D)

5) Cash Contributions

Identify the sources of the cash contributions you listed in Column B of Section Eight, Question 4, above. Check whether each type of cash contribution is confirmed or anticipated. For more information on in-kind contributions, refer to Item 8 (Matching support) under Eligibility Requirements and Other Basic Program Requirements in the program guidelines.

Income Source	Amount	Confirmed	Anticipated
Ticket receipts, admission, subscriptions	\$ _____	_____	_____
Sales of food or beverages, parking, publications, rentals, etc.	_____	_____	_____
Memberships	_____	_____	_____
Tuition, class, workshop fees	_____	_____	_____
Corporate support (_____)	_____	_____	_____
Foundation support (_____)	_____	_____	_____
Other City of Cincinnati support (NOT from arts allocation) (_____)	_____	_____	_____
State of Ohio support (_____)	_____	_____	_____
Other government support (_____)	_____	_____	_____
Other (list) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Income	\$ _____		

(Must equal total of Col. B, above.)

6) In-kind Contributions

Identify the source, type and value of each non-cash donation listed in Column C of Section Eight, Question 4, above. Check whether each type of in-kind contribution is confirmed or anticipated. For more information on in-kind contributions, refer to Item 8 (Matching support) under Eligibility Requirements and Other Basic Program Requirements in the program guidelines.

Source/Type of Donation	Value	Confirmed	Anticipated
_____	\$ _____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total In-kind Contributions	\$ _____		

(Must equal total of Col. C, above.)

Section Nine: Checklist

I have included the following:

- _____ **Application.** Completed Small Arts Organization Grant Application form (original)
- _____ **Completed Organization Profile.** (NOTE: This information will be used for statistical evaluation purposes only and has absolutely no part in the selection of grant recipients.)
- _____ **Nonprofit status documentation.** Documentation of nonprofit status as specified in the grant program guidelines
- _____ **Supportive materials describing the applicant and its programs and documenting its recent activities.** Supportive materials as specified in the grant program guidelines. (NOTE: Submit *only* the number and type of supplementary materials specified in the guidelines. Make no substitutions.)
- _____ **Self-addressed, stamped mailer.** The mailer is for return of slides, audio cassettes, compact discs, and video tapes. Printed materials *will not* be returned. (NOTE: Do *not* send cash, checks, or money orders to cover return postage. If no return mailer is provided, support materials will be held for one (1) year and then destroyed.
- _____ **Documentation of public presentation.** Materials documenting public presentation(s) listed in Sections Four and Six of the application. Acceptable types of documentation are specified in the grant program guidelines. (NOTE: Submit *only* the types of documentation specified in the guidelines. Make no substitutions.)
- _____ **Documentation of intent to collaborate.** Original letter(s) of intent from collaborating artist(s) or representatives of organization(s) as pertinent to the application. (Refer to the Application Requirements section of the grant program guidelines and Section Four of the application.)
- _____ **Financial information.** Audit or financial statement for organization's most recently completed fiscal year. (Refer to the Application Requirements section of the grant program guidelines or call DCDP for more information.)
- _____ **Board member list.** List of current board members containing information specified in the Application Requirements section of the grant program guidelines.
- _____ **Report and supplemental materials.** Completed Final Report Form or Status Report Form, if pertinent. (Refer to the Application Requirements section of the grant program guidelines or call DCDP for more information.)

NOTE: All applications and supportive materials must be received (not postmark dated) in the DCDP office by 5:00 p.m. on the deadline date (March 15, 2003). If the deadline date falls on a week-end or a holiday, applications are due by 5:00 p.m. on the first work-day following the deadline date. Applications not meeting the submission deadline will not be considered.

Questions? Call DCDP at (513) 352-4985, (513) 352-4627, or (513) 352-6146.

ORGANIZATION PROFILE

Organization Name: _____

Statistics as of: _____ (Date)

FULL TIME PAID STAFF POSITION CATEGORY	TOTAL					MALE						FEMALE					
	Total Male & Female	Male	Female	Persons with Disabilities	Appalachian	Am. Indian, Alaskan Native	Asian, Pacific Islander	Black, African-American	Hispanic	Multi-Racial	White	Am. Indian, Alaskan Native	Asian, Pacific Islander	Black, African-American	Hispanic	Multi-Racial	White
Official, Manager, Supervisor																	
Professional																	
Technician																	
Sales Worker																	
Office and Clerical																	
Craftsperson (Skilled)																	
Operative (Semi-Skilled)																	
Laborer (Unskilled)																	
Service Worker																	
Apprentice																	
TOTAL FULL-TIME PAID STAFF																	
TOTAL PART-TIME PAID STAFF																	
TOTAL CONTRACT WORKERS																	
TOTAL VOLUNTEERS																	
TOTAL BOARD MEMBERS																	

- ORGANIZATION PROFILE INSTRUCTIONS: (This information will be used for statistical evaluation purposes. Questions? Call DCD at 352-4985.)
- 1) Type the name of the applicant organization at the top of the form. Complete the line beginning "Statistics as of" by adding the date the data were collected. Complete the Male, Female, and Total sections of the chart, *typing* numbers in the appropriate boxes. Refer to position definitions on the following page. Position categories pertain **only** to full-time, paid employees working 30 or more hours per week; do **not** include part-time staff or contract workers in these statistics.
 - 2) **Persons with Disabilities:** Include statistics for individuals with disabilities in the Persons with Disabilities category, all Total categories, and all other appropriate categories.
 - 3) **Appalachian:** Include statistics for individuals who are Appalachian in the Appalachian category, all Total categories, and all other appropriate categories.
 - 4) **Total Full-Time Paid Staff:** Add the full-time, paid staff figures in each column. Type the figures in the appropriate boxes in the row TOTAL FULL-TIME PAID STAFF. Male and Female statistics must also add up horizontally.
 - 5) **Total Part-Time Staff:** Provide statistics on all part-time, paid employees working under 30 hours per week. Male and Female statistics must add up horizontally.
 - 6) **Total Contract Workers:** Provide statistics on all non-employees working for the organization on a contractual basis. Male and Female statistics must add up horizontally.
 - 7) **Total Volunteers:** Provide statistics on all unpaid staff persons in the appropriate boxes in the row TOTAL VOLUNTEERS. Male and Female statistics must add up horizontally.
 - 8) **Total Board Members:** Provide statistics on all members of the applicant's board of directors. Do *not* include emeriti or honorary members. Male and Female statistics must add up horizontally.

DEFINITIONS

Appalachian: A person who was born in or whose relatives come from one of the 396 counties designated as the Appalachian region and who identifies him/herself as an Appalachian or is identified by others as having an Appalachian heritage. The Appalachian region comprises counties in the following states: AL, GA, KY, MD, MS, NY, NC, OH, PA, SC, TN, VA, WV.

Apprentice: A person employed in a program to learn a trade or craft.

Contract Worker: A person who is not an employee of an organization but provides services to the organization under a binding agreement.

Craftsperson (Skilled): A manual worker of relatively high skill level who usually receives extensive training (e.g., mechanic, repairman, compositor, typesetter, motion picture projectionist, pattern and model maker, tailor).

Handicap: A disability that severely limits a major life activity.

Laborer (Unskilled): A worker in a manual occupation which generally requires no special training (e.g., groundskeeper, laborer performing lifting, digging, mixing, loading, and pulling operations).

Official/Manager/Supervisor: Administrative personnel responsible for policy and directing operations (e.g., executive, middle management personnel, department manager).

Office and Clerical: Includes all clerical-type work where the activities are predominantly nonmanual (e.g., bookkeeper, cashier, messenger, office machine operator, shipping and receiving clerk, stenographer, typist, secretary, telephone operator).

Operative (Semi-Skilled): A worker who operates machine or processing equipment or performs other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training.

Professional: Occupations require either college graduation or equivalent experience (e.g., accountant, architect, artist, designer, editor, engineer, lawyer, librarian, personnel worker).

Sales Worker: Occupations engaging in direct selling (e.g., advertising agent, salesperson, sales clerk).

Service Worker: A worker in a protective or nonprotective service occupation (e.g., cook, counter and fountain worker, guard, janitor, waiter, waitress).

Technician: Occupations require training in a specific technical process.

Urban Appalachian: Second and third generation Appalachian people who settled permanently in northern cities.